(53) BLDR-2024-45293

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP-2024-43934

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4704-47-9529

PPLICANT / OWNER: BRUCE A. PORTER APPLICANT ADDRESS: 2143 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625

ITE ADDRESS: 109 BRADY CIRCLE RD, STATESVILLE, NC 28625 PHONE: 704-878-9314 ALT. PHONE: —

ITE DIRECTIONS: West on 40, Right on Old Mountain, Right on Brady, Lot on Left SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: ✓ SECTION: ✓ LOT #: — ✓ LOT AREA: 0.53 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 160	Date: ~~5-3-2024~~ 5-4-2024	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Municipal Water
ump Tank: (gal) —	PT: —	Date: —	System Description: 25% Reduction		☐ Business	No. Persons: 6	
ump Make: —	Model: —	Serial #: —	Repair System Description: 50% Reduction PPBPS LPP- Horizontal		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 3	Linear Ft.: 302	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 30		Gravel Depth: —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: Follow attached design by AOWE

INITIAL SITE SKETCH

THIS PERMIT IS ISSUED PURSUANT TO G.S. 130A-335(A2),(A3), AND(A4) USING THE SIGNED AND SEALED LSS/LG EVALUATION ATTACHED HERE FROM: SOIL AND FORESTRY SERVICES OF THE CAROLINAS, P.A. - SAMUAL A. ROLLINS LSS# 1231 - AOWE # 10027E

AS BUILT SKETCH

INSTALLED AS SHOWN

rmit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

] IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

wner / Applicant Signature: Date: —

IPROVEMENT PERMIT by: Bryant C. White Date: 1-9-2024 ✓

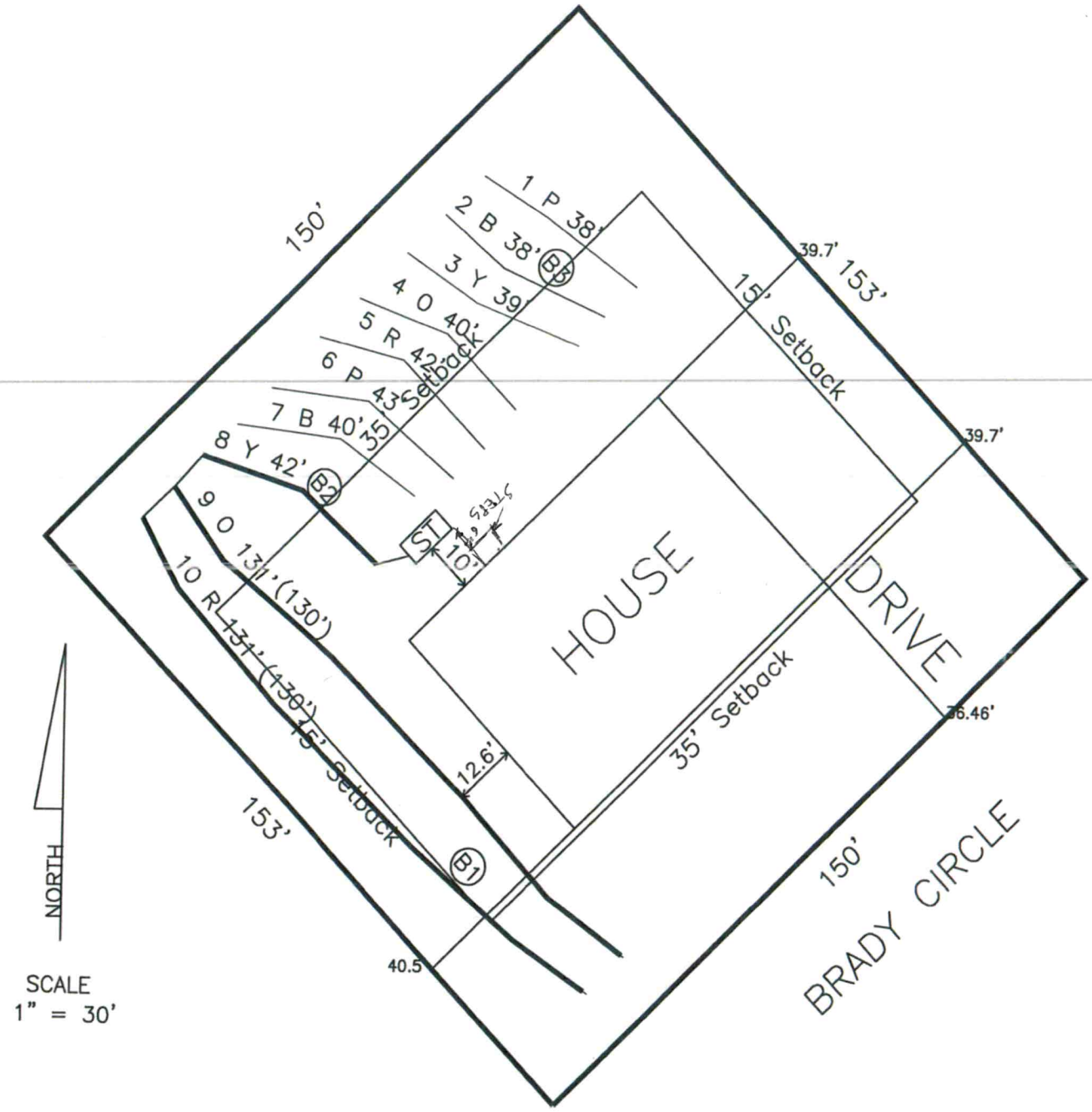
UTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-9-2024 ✓

Installed By: COTHREN & SON

OPERATION PERMIT by: Bryant C. White ✓ Date: 8-20-2024

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.


150'
1 P 38'
2 B 38'
3 Y 39'
4 O 40'
5 R 42'
6 P 43'
7 B 40'
8 Y 42'
9 O 131'(130')
10 R 131'(130')
Setback
35
B3
B2
B1
ST
10'
HOUSE
DRIVE
15' Setback
39.7'
153'
39.7'
35' Setback
36.46'
12.6'
15' Setback
153'
40.5
150'
BRADY CIRCLE
NORTH
SCALE
1" = 30'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0106
December 26th, 2023

Bruce Porter
Attn: *Bruce Porter*
Email: 2xpapa2012@gmail.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 109 Brady Circle Rd, 0.53 ac Parcel, PIN# 4704479529 Statesville NC 28625, Iredell County, NC.

Bruce,

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittals to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly wooded on the property. Topography within the evaluated area was gentle slope near the house site with gentle percentage of slope in the proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Lance Schaumback. The proposed septic layout was located via GPS which was used to produce the attached *Site Plan*. The house envelope was pinned in the field by the surveyor.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with three boring locations on the property flagged and located via GPS. All three of the auger borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was pinned via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS and tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

109 Brady Circle Rd-PIN#4704479529 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 584 linear feet of line. The primary system is proposed as 302 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 30 inches. The repair system is proposed as 200 linear feet of Modified Conventional HPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 28 inches. There is 282 linear feet available for repair.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner Date

Print Name Bruce Porter
Signature Bruce Port 12-29-23

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on the site may nullify this design for 109 Brady Circle Rd, Statesville NC 28625 (PIN#4704479529). System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design, Required Statements for Local Health Department/NCDHHS*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

sfsstatesvillenc@gmail.com
980-223-8352
soilandforestryservices.com

Thank you for choosing us to design your septic system.

This design packet contains everything you will need to get your septic permit and can be used for obtaining quotes from septic installers.

Please print the packet and sign the cover page, the agent authorization (if in Iredell county) and the Application for Services page.

You will need to visit your county environmental services department and complete any applications they require along with paying any necessary fees for permitting.

Sincerely,

Soil & Forestry Services of the Carolinas, PA

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

12/27/2023

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Improvement Permit & CA Submittal for 109 Brady Circle Rd, Statesville NC

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom ACCEPTED system using GRAVITY distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Bruce Porter

Signature: Bruce Porter

Date: 12-29-23

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

Samuel Ashley Rollans, LSS

Signature: Samuel A Rollans

Date: 12/27/2023 Seal:

LICENSED SOIL SCIENTIST
SAMUEL ASHLEY ROLLANS
1231
STATE OF NORTH CAROLINA

ONSITE WASTEWATER
Certification Number
10027E
EVALUATOR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

Please check one of the following:

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair
[X] 5 Year Expiration Requested (site plan provided)
[ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Bruce Porter
Property Owner Mailing Address: 2143 Mocksville Hwy, Statesville NC
Property Owner Phone Number: 704-902-3124
Property Owner Email Address: 2xpapa2012@gmail.com

Applicant Name: Ashley Rollans // Soil & Forestry Services, PA
Applicant Mailing Address: 126-A Third Creek Rd Statesville NC 28677
Applicant Phone Number: 980-223-8352
Applicant Email Address: sfsstatesvillenc@gmail.com

Does the property include, or is subject to, any of the following:

[ ] Yes [X] No Previously identified jurisdictional wetlands
[ ] Yes [X] No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
[ ] Yes [X] No Approval by other public agencies

A site plan or plat is required, OR the site sketch submited from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: [ ] Yes [X] No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: Samuel A Tolbert Date: 12/27/23

Owner's Signature: _____ Date: _____

Permit #: OSWP-2024-43934

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4704479529
Issued To: Bruce Porter
Property Location: 109 Brady Circle Rd, Statesville NC 28625
Subdivision: N/A Lot#: N/A Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Ashley Rollans #1231
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Proposed Structure: 3 bedroom house
Number of bedrooms: 3 Number of Occupants: 6 Other:
Design Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: ACCEPTED GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: HPPBPS LPP (Repair) Pump Required: [X] Yes [ ] No [ ] May be required
**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*
Saprolite System (Initial): [ ] Yes [X] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 48 Usable Soil Depth (Repair): 40
Max. Trench Depth (Initial)‡: 30 Max. Trench Depth (Repair)‡: 22 *‡ Measured on the downhill side of the trench*
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .1945: Yes [X] No [ ] Drainfield location meets requirements of Rule .1950: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
See Design

Licensed Soil Scientist Print Name: Samuel Ashley Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 12/27/23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NCDHHS

Permit #: OSWP 2024-43934

This Section for Local Health Department Use Only

Initial submittal received: 1-4-2024 (Date) by BCW (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Bryant C. White Date: 1-9-2024

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 1-9-2029

See attached site sketch

NCDHHS

Permit #: OSWP-2024-43934

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4704479529

Issued To: Bruce Porter

Property Location: 109 Brady Circle Rd, Statesville NC 28625

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Ashley Rollans #10027E

Facility Type: 3 bedroom house

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Type of Wastewater System* ACCEPTED GRAVITY (Initial) HPPBPS LPP (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: [X] domestic [ ] high strength [ ] industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? [ ] Yes [X] No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 302 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth‡: 30 inches *‡ Measured on the downhill side of the trench*

Aggregate Depth: ____ inches above pipe ____ inches below pipe 12 inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 0 ft. TDH vs. 0.0 GPM Grease Trap Size (if applicable): ____ gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: [ ] Yes [X] No

Declaration of Restrictive Covenants: [ ] Yes [X] No

Pre-Construction Conference Required: Yes [ ] No [X]

Conditions: See Design

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print name: Samuel Ashley Rollans

AOWE/PE Signature: Samuel A Rollans

Expiration Date: ~~12/31/2028~~ 5 YRS FROM HD signature

Date: 12/27/23

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC ONSITE WASTEWATER EVALUATOR Certification Number 10027E

NCDHHS

Permit #: OSWP-2024-43934

This Section for Local Health Department Use Only

Initial submittal received: 1-4-2024 (Date) by BCW (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Bryant C. Miller Date of Issuance: 1-9-2024

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 1-9-2029

See attached site sketch

Sheet 1 of 1

PROPERTY ID #: 4704479529

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(complete all fields in full)

OWNER: Bruce Porter

ADDRESS: 2143 Mocksville Hwy Statesville NC 28625

PROPOSED FACILITY: 3 Bedroom Residential- 360 GPD

LOCATION OF SITE: 109 Brady Circle Statesville NC 28625

APPLICATION DATE:

DATE EVALUATED: 9/30/2020

PROPERTY SIZE: 0.53

PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other PUBLIC

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L/7%	0-48	BRC WMSBK/ABK	FR SS SP SEXP		48	PS	N/A	PS 0.3
2	L/10%	0-10	BSL GR	FR SS SP SEXP	FWH ROCK INCLU	48	PS	N/A	PS 0.3
		10-48	BRC WMSBK/ABK	FR SS SP SEXP					
3	L/5%	0-6	RBSCL WFSBK	FR SS SP SEXP	FSAP	40	PS	N/A	PS 0.3
		6-36	BRC WMSBK/ABK	FR SS SP SEXP					
		36-40	RBCL WFSBK	FR SS SP SEXP					
		40	AR	QTZ FLOATER					

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
STATE OF NORTH CAROLINA
1231

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Types(s)	Accepted 25%-Gravity	HPPBPS-Low Pressure
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Ashley Rollans

OTHER(S) PRESENT: Chad Wagner

COMMENTS:

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

sfsstatesvillenc@gmail.com
980-223-8352
126-A Third Creek Rd
Statesville NC 28677
SoilAndForestryServices.com

Project# 20-0106

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: 109 Brady Circle Rd, Statesville NC 28625 Lot # N/A

Contents **Page**

Information for the Installer ---------- 1
Design Specifications ---------- 2
Layout Specifications ---------- 3
Site Plan ---------- 4
Calculations ---------- 5
Soil Descriptions ---------- 6
Floor Plans ---------- 7

12/26/2023
Design By: Ashley Rollans



INFORMATION FOR THE INSTALLER **Project #20-0106**

ACCEPTED using GRAVITY distribution
Site location: 109 Brady Circle Rd, Statesville NC 28625 Lot # N/A

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as HPPBPS type using LPP distribution**
* **System trench depth specified at 30"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

DESIGN SPECIFICATIONS **Project #20-0106**

ACCEPTED using GRAVITY distribution
Site location: 109 Brady Circle Rd, Statesville NC 28625 Lot # N/A

Business (if applicable):	N/A
Contact:	Bruce Porter
Phone:	704-902-3124
Email:	2xpapa2012@gmail.com
County:	Iredell
Location:	109 Brady Circle Rd, Statesville NC
Source of Wastewater Flow:	3 bedroom home
Estimated Daily Wastewater Production:	360 gpd
Drain field Size:	302 lf
Loading Rate:	0.3 $gpd/ft.^2$
Trench Depth:	30 in
Trench Width:	36 in
Soil Cap:	0 in
Septic Tank Size:	1000 gal

Page 3	LAYOUT SPECIFICATIONS	Project #20-0106

ACCEPTED using GRAVITY distribution
Site location: 109 Brady Circle Rd, Statesville NC 28625 Lot # N/A

Daily Flow (gpd) 360 **Dec 2023**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			SYSTEM				
8	YELLOW					42	42
9	ORANGE					131	130
10	RED					131	130
			REPAIR				
1	PINK					38	38
2	BLUE					38	38
3	YELLOW					39	39
4	ORANGE					40	40
5	RED					42	42
6	PINK					43	43
7	BLUE					40	40

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	302	0.300	ACCEPTED	25%	GRAVITY	30	0
REPAIR	282	0.300	HPPBPS	50%	LPP	22	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS	Project #20-0106

ACCEPTED using GRAVITY distribution
Site location: 109 Brady Circle Rd, Statesville NC 28625 Lot # N/A

PROJECT INFO	Designer	Ashley Rollans
	Project #	20-0106
	Project MM YYYY	12/26/2023
	Project Location	109 Brady Circle Rd, Statesville NC
	Lot # (if applicable)	N/A
	Subdivision (if applicable)	N/A
	Parcel #	4704479529
	Lot size (acres)	0.53
	Contact (Owner)	Bruce Porter
	Mailing Address (Owner)	2143 Mocksville Hwy, Statesville NC
	Business (if applicable)	N/A
	Phone (Owner)	704-902-3124
	Email (Owner)	2xpapa2012@gmail.com
	County	Iredell
	Bedrooms	3
	Water Source	Municipal
	Daily Flow	360
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	30
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Aggregate Depth (inches)	12
	Tank Size	1000
	Required Feet of Line (system)	300
	Designed Feet of Line (system)	302
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	22
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	40
	Tank Size	1000
	Required Feet of Line (repair)	200
	Designed Feet of Line (repair)	282

PERMIT SNAPSHOT REPORT OSWP-2024-43934 FOR IREDELL COUNTY

Permit Type	OSWP - AOWE|Session Law|EOP|Expedited Review	**Project:**		**App Date:**	01/02/2024
Work Class:	OSWP - AOWE|Session Law|EOP|Expedited Review	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	Session Law				

Parcel:	4704479529.000 Main	**Address:**	109 Brady Circle Rd Statesville, NC 28625 Main	**Zone:**	RA(Residential Agricultural District)

Property Owner	Applicant	Soil Scientist
Bruce A Porter 2143 Mocksville Hwy 2143 MOCKSVILLE HWY Statesville, NC 28625 Business: (704) 878-9314	SOIL AND FORESTRY SERVICES PO Box 5872 Statesville, NC 28687	SOIL AND FORESTRY SERVICES PO Box 5872 Statesville, NC 28687

Permit Custom Fields

EHExpeditedApplication/PermitType	Session Law	How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	see design
What are the proposed structures	New Single-Family Residence - Stick Built	New Single-Family Residence	Stick Built	If other Addition/Structure, please explain	
Maximum Number of Bedrooms	3	Number of Occupants	6	Foundation Type	Crawl Space Foundation
Water Supply	Municipal Water	Desired Septic System Type	Other	If other septic system type, please explain	Accepted Gravity
Has this project been approved by TRC	No	Lot Acreage	0.53	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Jan 3 2024 12:00AM	Zoning Permit Expiration Date	Jul 1 2024 12:00AM	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Additional Unique Setbacks Apply	No
Watershed	WSIV PA CATAWBA/LAKE NORMAN				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Randi_Williams_1/2/2024.jpg	01/02/2024 10:06	Williams, Randi		Uploaded via CSS
Session_Law_v1.pdf	01/02/2024 10:41	Williams, Deborah	Available Online	Site Plan
Agent_Authorization_v1.pdf	01/02/2024 12:24	COMEAUX, DEBRA	Available Online	Authorize to Act as Agent
Floor_Plans_v1.pdf	01/02/2024 12:24	COMEAUX, DEBRA	Available Online	Floor Plan(s)

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00024970	Iredell Zoning Permit Fee	$75.00	$75.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	New Gravity System AOWE IP/AC - 090123	$200.00	$200.00
	Total for Invoice INV-00024970	$277.25	$277.25
	Grand Total for Permit	**$277.25**	**$277.25**

PERMIT SNAPSHOT REPORT (OSWP-2024-43934)

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/02/2024 10:39	01/02/2024 10:39
Confirm application complete v.1	Generic Action		01/02/2024 10:39
Fees v.1		01/02/2024 12:26	01/03/2024 10:33
Fees Paid v.1	Generic Action		01/03/2024 10:33
Issue Invoice v.1	Generic Action		01/02/2024 12:26
Zoning Review v.1		01/02/2024 10:39	01/03/2024 10:33
~~Floodplain Admin Overview v.1~~	Task		01/02/2024 10:39
Iredell County Zoning Approval v.1	Task	01/02/2024 10:39	01/03/2024 10:33
Issue Invoice v.1	Generic Action		01/02/2024 12:26
Fees Paid v.1	Generic Action		01/03/2024 10:33
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		01/02/2024 12:27
[illegible]	Inspection		
Issue Permit v.1			
[illegible]	Generic Action		
[illegible]	Generic Action		
[illegible]	Generic Action		
Permit Completion [illegible]			
[illegible]	Create Sub Permit		
[illegible]	Generic Action		